

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing |

Today's List | | [Open Items](#) | Messages [4 : 0] | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Status | Fax | Logout

Patient Dashboard

Cross, Chris Principal Provider: **Dr. Colleen Kennedy Health Record**

SSN # Ext. Rec#: (H)
 Phone [REDACTED]
 DOB [REDACTED]
 Age 45 yrs Sex: Male
 Pat. Due \$0.0 [Print Last STMT](#)

Chart # CROCH0001

Principal Provider: Dr. Colleen Kennedy Health Record
 Referring Provider:
 Pri. Care Provider:
 Unread Messages:
[Message Alert](#)

[History](#) [Edit](#)

Electronic Notes
 Enter Keyword

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics **Allergies** **OmniMD Rx History** **Transcriptions** **Messages**
Insurance Records **Current Medications** **All Rx History** **Referrals** **CDA**
Eligibility Info **Medical History** [Y](#) **Rx Refills** **Form Records** **Lock Users**
Advance Directives **Family History** **Rx Change Requests** **Scanned Documents** [✓](#) **Super Bills**
Patient Confidentiality **Social History** **Lab/Radiology Orders** **Patient Flow Sheet** **Patient Ledger**
Patient Annotations **Immunization** **Lab/Radiology Test Results** **Active Problem List**
Patient Activity History **HIPAA Disclosure** **Progress Report** **Pending Immunizations** **Patient Contact**
Incoming Referral File **Amendment** **Patient Education** [Y](#)

[Patient Portal Information](#)
[Billing Note](#)

Cases and Visits [New Case / Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
02/10/2014 0:00 AM-0:15 AM MON		AUTO		

Patient's Recent and Upcoming Health Alerts [Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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Patient's Future Appointments [Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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[Delete Patient](#)

[HELP](#)Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

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GOVERNMENT
EXHIBIT
608
4:18-CR-368

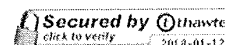
Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
[Patients](#) | [Transcriptions](#) | [Appointments](#) | [Charge Capture](#) | [Prescriptions](#) | [Labs/Radiology](#) | [Documents](#) | [Forms](#) | [Referrals](#) | [CMS Incentive Program](#) | [Billing](#)
[Today's List](#) | [Open Items](#) | [Messages](#) [4 : 0] | [Health Alerts](#) | [My Profile](#) | [Clinic](#) | [GuideLines](#) | [Updates](#) | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

Patient Personal Record

Cross, Chris	Sex	Male	DOB	[REDACTED]	Age	45 yrs
Chart # CROCH0001	SSN #		Phone	[REDACTED]	(H)	

[Modify Patient Profile](#) | [Print View](#) | [Patient Demographics History](#) | [Add/View Patient Past Address](#)

First Name	Chris	Address1	
Last Name	Cross	Address2	
Middle Initial		City	
SSN		State	
Suffix		Zip Code	
Father Name		Country	
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status		Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status		Preferred Language	
Blood Group		Pharmacy	
Race		Consent	
Ethnicity		Disable Health Alerts	No
Smoker		External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/04/2014
		Last Modified By	

[Modify Patient Profile](#) | [Print View](#) | [Patient Portal Information](#) ⓘ
HELP
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Visit Report - Cross, Chris - 02/10/2014 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Cross, Chris** Sex : Male

Chart# : CROCH0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : , , ,

Ref By :

DOS : **02/10/2014 0:00 AM(CST)** (15 mins), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

Allergies

No Allergies Recorded.

Current Medications

Prescriptions and Lab Orders

Diagnoses

DIAGNOSES

Procedures

PROCEDURES

Disposition

Patient		DOB	
Chris Cross		[REDACTED]	
Home Phone	Cell Phone		
Address			
City	State	Zip	
Forney	TX	75726	
Allergies	Diag.		
Penicillin			

Insurance Info		
Carrier: Aetna		
Bin#	PCN#	
610502		
Group #		
806649-011-00001		
Workers Comp	Yes	No
		X
DOI	Claim #	

General Pain / Inflammation

- ☐ GPI-2
- Tramadol 5%
 - Flurbiprofen 20%
 - Cyclobenzaprine 2%
 - Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Back & Radicular Pain

- ☐ BRP-3
- Ketamine 10%
 - Clonidine 0.2%
 - Gabapentin 6%
 - Flurbiprofen 10%
 - Lidocaine 2%
- ☐ BRP-4
- Gabapentin 6%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Neuropathic & Chronic Pain

- ☐ NCP-5
- Ketamine 10%
 - Baclofen 2%
 - Gabapentin 6%
 - Imipramine 3%
 - Nifedipine 2%
 - Lidocaine 2.5%
- ☐ NCP-8
- Ketamine 10%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Flurbiprofen 10%
 - Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

- ☒ NCP-7
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2.5%
- ☐ NCP-9
- Ketamine 10%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2%
 - Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: 240mLs)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: 1)

Specialty

- ☒ SCAR
- Fluticasone Propionate 1%
 - Levocetirizine Dihydrochloride 2%
 - Pentoxifylline 0.5%
- ☒ For painful scars add:
- Prilocaine 3%
 - Gabapentin 15%

- ☐ DERM-2: TOPICAL ANTI FUNGAL CREAM
- Fluticasone 1%
 - Fluconazole 2%
 - Pentoxifylline 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%

- ☐ DERM-3: ANTI FUNGAL NAIL LOTION
- Fluticasone 1%
 - Fluconazole 2%
 - Urea 15%

- ☐ DERM-5: CONTACT DERMATITIS
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
- ☐ Contact Dermatitis with pain add:
- Lidocaine 2%
 - Hydroxyzine 2%

- ☐ DERM-6: PSORIASIS
- Fluticasone 1%
 - Methylcobalamin 0.042%
 - Coenzyme Q10 2.4%
 - Vitamin D3 0.03%
 - Tretinoin 0.012%

- ☐ DERM-7: PLANTAR FASCIITIS
- Diclofenac 5%
 - Baclofen 2%
 - Fluticasone 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: 240mLs)
(SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mLs Refills: PRN)

Metabolic Supplements

- ☐ MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS
- Co-Q10 75mg
 - Alpha Lipoic Acid 50mg
 - N Acetyl Cystine 250mg
 - Vit D3 1000 IU

- ☒ MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS
- Methylcobalamin 40mg
 - Pyridoxal-5-Phosphate 100mg
 - 5-MTHF 8mg

(SIG: Take 1 capsule by mouth twice daily; Dispense #: 60 OR Alternative SIG: _____)
Refills: PRN

Alternative SIG: _____

Prescriber Name: Colleen Kennedy, MD NPI # 1508897810

Lic. #: M7325 DEA #: BK8400068

Address: 1309 Ridge Rd. Ste 107 Rockwall TX 75087

Phone #: 214-775-1356 Fax #: 214-613-2231

Signature (Note: Manual Signature Required for CS)  Date: 2/10/19

Note: Ketamine is Schedule III controlled substance.

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KEN000459

GX608.004

DOJ_18CR368-0116622

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

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Patient Dashboard

Cross, Janette

Principal Provider: Dr. Colleen Kennedy [Health Record](#)

Referring Provider:

Pri. Care Provider:

Unread Messages:

Message Alert

SSN # Ext. Rec#: (H)

Phone

DOB

Age 40 yrs Sex: Female

Chart # CROJA0002

Pat. Due \$0.0 [Print Last STMT.](#)

History

Edit

Electronic Notes

Enter Keyword

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics **Allergies** **OmniMD Rx History** **Transcriptions** **Messages**

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Incoming Referral File **Amendment** **Patient Education**

Patient Portal Information

Billing Note

Cases and Visits [New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
01/27/2014 0:00 AM-0:15 AM MON		AUTO		

Patient's Recent and Upcoming Health Alerts [Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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Patient's Future Appointments [Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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Patient Janette Cross		DOB [REDACTED]	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address 302 S. Chestnut			
City Forney		State TX	Zip 75126
Allergies		Diag.	

Insurance Info		
Carrier: Medco		
Bin# 610014	PCN#	
Group # TRSACTIVECARE 2		
Workers Comp	Yes	No
DOI	Claim #	

General Pain / Inflammation

- ☒ **GPI-2**
- Tramadol 5%
 - Flurbiprofen 20%
 - Cyclobenzaprine 2%
 - Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: **120 mLs**)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: **PRN**)

Back & Radicular Pain

- ☐ **BRP-3**
- Ketamine 10%
 - Clonidine 0.2%
 - Gabapentin 6%
 - Flurbiprofen 10%
 - Lidocaine 2%
- ☐ **BRP-4**
- Gabapentin 6%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
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Neuropathic & Chronic Pain

- ☐ **NCP-5**
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 - Baclofen 2%
 - Gabapentin 6%
 - Imipramine 3%
 - Nifedipine 2%
 - Lidocaine 2.5%
- ☐ **NCP-8**
- Ketamine 10%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Flurbiprofen 10%
 - Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

- ☐ **NCP-7**
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2.5%
- ☐ **NCP-9**
- Ketamine 10%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2%
 - Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Specialty

- ☒ **SCAR**
- Fluticasone Propionate 1%
 - Levocetirizine Dihydrochloride 2%
 - Pentoxifylline 0.5%
- ☐ For painful scars add:
- Prilocaine 3%
 - Gabapentin 15%
- ☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**
- Fluticasone 1%
 - Fluconazole 2%
 - Pentoxifylline 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%
- ☐ **DERM-3: ANTI FUNGAL NAIL LOTION**
- Fluticasone 1%
 - Fluconazole 2%
 - Urea 15%
- ☒ **DERM-5: CONTACT DERMATITIS**
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
- ☐ Contact Dermatitis with pain add:
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 - Hydroxyzine 2%
- ☐ **DERM-6: PSORIASIS**
- Fluticasone 1%
 - Methylcobalamin 0.042%
 - Coenzyme Q10 2.4%
 - Vitamin D3 0.03%
 - Tretinoin 0.012%
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 - Fluticasone 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: **120 mLs**)
(SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mLs Refills: **PRN**)

Metabolic Supplements

- ☐ **MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS**
- Co-Q10 75mg
 - Alpha Lipoic Acid 50mg
 - N Acetyl Cystine 250mg
 - Vit D3 1000 IU
- ☐ **MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS**
- Methylcobalamin 40mg
 - Pyridoxal-5-Phosphate 100mg
 - 5-MTHF 8mg

(SIG: Take 1 capsule by mouth twice daily; Dispense #: 60 OR Alternative SIG: _____)
Refills: _____

Alternative SIG: _____

Prescriber Name: **Colleen Kennedy M.D.** NPI # **1508897810**
 Lic. #: **M7325** DEA # **BK8400068**
 Address: **1309 Ridge Rd. Ste #107 Rockwall TX 75087**
 Phone #: **214-775-1356** Fax #: **214-613-2231**
 Signature (Note: Manual Signature Required for CS) **[Signature]** Date: **7/27/19**

Note: Ketamine is Schedule III controlled substance.

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KEN000461